STATE OF RHODE ISLAND AND PROVIDENCE PLANTATIONS
Office of the Secretary of State - Division of Business Services
148 W. River Street, Providence, Rhode Island 02904-2615
Phone: (401) 222-3040 ~ **Email:** corporations@sos.ri.gov ~ **Website:** www.sos.ri.gov

PROFIT CORPORATION ANNUAL REPORT FOR THE YEAR 2014

Filing Period: January 1 - March 1 • **This report must be typed or printed legibly.**
Filing Fee: $50.00 • **FAILURE TO FILE THIS REPORT BY MARCH 31 WILL RESULT IN A $25.00 PENALTY FEE.**

1. Entity ID No.	2. Exact name of the Corporation
132233	**R.I. Animal Medical Center - Four Paws Pet Resort, Inc.**

3. Principal office address	City	State	Zip
343 Warwick Avenue	**Warwick**	**RI**	**02888**

4. Business Phone No.	5. State of Incorporation
	Rhode Island

6. Brief description of the character of business conducted in Rhode Island
veterinary clinic, boarding and grooming services

7. LIST ALL OFFICERS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

President Name	Street Address	City	State	Zip
CHARLES CALLANAN	**343 Warwick Avenue**	**Warwick**	**RI**	**02888**

Vice-President Name	Street Address	City	State	Zip
KEVIN CALLANAN	**P. O. Box 2890**	**Nantucket**	**MA**	**02584**

Secretary Name	Street Address	City	State	Zip
JOHN D. BIAFORE	**123 Dyer Street, Suite 3B**	**Providence**	**RI**	**02903**

Treasurer Name	Street Address	City	State	Zip
JEFFREY KASCHULUK	**P.O. Box 2890**	**Nantucket**	**MA**	**02584**

8. LIST ALL DIRECTORS (NAMES AND ADDRESSES) ("X" BOX FOR ATTACHMENT) ☐

Director Name	Street Address	City	State	Zip
CHARLES CALLANAN	**343 Warwick Avenue**	**Warwick**	**RI**	**02888**

Director Name	Street Address	City	State	Zip
KEVIN CALLANAN	**P.O. Box 2890**	**Nantucket**	**MA**	**02584**

Director Name	Street Address	City	State	Zip
JEFFREY KASCHULUK	**P.O. Box 2890**	**Nantucket**	**MA**	**02584**

Director Name	Street Address	City	State	Zip

9. SHARES AUTHORIZED

This information is currently of record in the Office of the Secretary of State. Changes require an additional filing.
See Section 9 of instruction sheet.

10. SHARES ISSUED ("X" BOX FOR ATTACHMENT) ☐

NUMBER OF SHARES	CLASS/SERIES	PAR VALUE
300	Common	No par value

This report must be executed on behalf of the corporation by an authorized representative. If the corporation is in the hands of a receiver or trustee, this report must be executed on behalf of the corporation by the receiver or trustee.

File Date _____
Check No _____
By: _____

FILED
MAR 2 6 2014
BY 7123

FOR SECRETARY OF STATE USE ONLY

Under penalty of perjury, I declare and affirm that I have examined this report, including any accompanying schedules and statements, and that all statements contained herein are true and correct.

25 March 2014
Signature of Authorized Representative — Date

CHARLES CALLANAN, President
Print or Type Name of Authorized Representative

Form No. 630
Revised: 01/2012